

N11000010699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

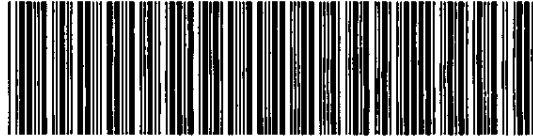
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200279563312

12/22/15--01009--003 **35.00

FILED
2016 DEC 22 PM 3:36
12/22/15

12/29/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Ministries, Inc.
Name of Corporation

DOCUMENT NUMBER: N 11000010699

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rev Dr Barbara F Brice
Name of Contact Person

First Ministries, Inc.
Firm/Company

5307 Pond View Dr
Address

Jacksonville FL 32258
City/State and Zip Code

barbarabrice@firstministries.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Dr Barbara F Brice at (904) 419-9190 or 631-5384
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: First Ministries, Inc.
2. The principal office address: 5307 Pond View Dr
Jacksonville, FL 32258
3. The mailing address (if different): 13720 Old St Augustine Rd, Suite 8 #259
Jacksonville, FL 32258
4. Date of incorporation/qualification: 11-16-11 Document number: 1211000010699
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rev Dr Barbara F Brice
7235 Bonwell Rd, Suite 103
Jacksonville, FL 32256

FILED
2015 DEC 22 11:33 AM
CLERK

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rev Dr Barbara F Brice
5307 Pond View Dr
P.O. Box NOT acceptable
Jacksonville, FL 32258

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Barbara F Brice
Signature of an officer or director

Barbara F Brice, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Barbara F Brice
Signature of Registered Agent

12-18-15
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***